

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90268 008 \*\*\*\*61.25

**DOCUMENT # N98000002980**

1. Entity Name

THE WOMEN'S CLUB OF LOST LAKE, INC.



Principal Place of Business

7741 SE DOUBLE TREE DR  
HOBE SOUND FL 33455

Mailing Address

7741 SE DOUBLE TREE DR  
HOBE SOUND FL 33455

94076443



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0839058

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHMIDT, CAROL  
7741 SE DOUBLE TREE DR  
HOBE SOUND FL 33455

Name *Constance Frocione*

Street Address (P.O. Box Number is Not Acceptable)  
*8177 S.E. Doubletree Dr.*

*Hobe Sound,*

City

FL

Zip Code

*33455*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Constance Frocione* *Constance Frocione* *4/26/04*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE *SRP* ☒ Delete  
NAME FROCIONE, CONSTANCE  
STREET ADDRESS 8177 SE DOUBLETREE  
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE *DV Barbara Mc Lam* ☐ Change ☒ Addition  
NAME  
STREET ADDRESS *7851 S.E. Spicewood Circle*  
CITY-ST-ZIP *Hobe Sound FL 33455*

TITLE *DP* ☒ Delete  
NAME SCHMIDT, CAROL D  
STREET ADDRESS 7741 SE DOUBLE TREE DR  
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE *DV Jackie McGarvey* ☐ Change ☒ Addition  
NAME  
STREET ADDRESS *7854 S.E. Spicewood Circle*  
CITY-ST-ZIP *Hobe Sound, FL 33455*

TITLE *DT* ☒ Delete  
NAME WIELER, ELAINE K  
STREET ADDRESS 8064 DOUBLETREE DR.  
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE *DT Sharon Luang* ☐ Change ☒ Addition  
NAME  
STREET ADDRESS *8019 S.E. Woodlake Lane*  
CITY-ST-ZIP *Hobe Sound, FL 33455*

TITLE *DVP* ☒ Delete  
NAME GUIDO, BARBARA  
STREET ADDRESS 7888 SE APPERCORN CT.  
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE *DS Sharon Enneas* ☐ Change ☒ Addition  
NAME  
STREET ADDRESS *7964 S.E. Doubletree*  
CITY-ST-ZIP *Hobe Sound, FL 33455*

TITLE *V* ☒ Delete  
NAME CECERE, FRANCES  
STREET ADDRESS 8136 SE PAUROTIS LN.  
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE *DP Constance Frocione* ☐ Change ☒ Addition  
NAME  
STREET ADDRESS *8177 S.E. Doubletree*  
CITY-ST-ZIP *Hobe Sound, FL 33455*

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Constance Frocione* *Constance Frocione* *4/26/04* *72-287-8174*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #